

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11071

STATE FILE NUMBER

63-045428

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY FILED NOV 22 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) St. Louis		c. CITY OR TOWN New Haven	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If outside, give location) New Haven	
3. NAME OF DECEASED (Type or print) First Lloyd Middle Chesyer Last Fertig		4. DATE OF DEATH Month November Day 7 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/10/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Funeral Director		10b. KIND OF BUSINESS OR INDUSTRY Funeral	
13a. FATHER'S NAME William Fertig		13b. MOTHER'S MAIDEN NAME Margaret Drummond	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 446X	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		17. INFORMANT Address Earl C. Fertig, New Haven, Mo.	
DUE TO (b) Artereolar nephrosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
DUE TO (c) Generalized arteriosclerosis		1 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY Franklin STATE Missouri		
21. I attended the deceased from 4-15-58 to 11-7-63 and last saw her alive on 11-7-63		Death occurred at 11:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE E. Muller (Degree or title) M.D.		22b. ADDRESS 634 N. Grand Blvd.	
22c. DATE SIGNED 11-8-63		23. LOCATION (City, town, or county) (State) New Haven Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-11-63	23c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery	
24. FUNERAL DIRECTOR Fertig Funeral Home, New Haven, Mo.		25. DATE RECD. BY LOCAL REG. NOV 8 1963	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

MAR 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.